

Dispositioned by SAIC

DEFICIENCY REPORT	
DEFICIENCY REPORT NUMBER: 1	DATE: 1
WORK ORDER NUMBER: 1	BLDG. NO. 1
<u>DRAWING/SPECIFICATION NUMBER</u>	<u>REVISION NUMBER</u>
1	1
DEFICIENCY DESCRIPTION:	
1	
REPORTED BY: 1	DATE: 1
COMPANY NAME: 1	
RECOMMENDED DISPOSITION:	
1	
DISPOSITION BY: 1	DATE: 1
SAIC APPROVAL REQUIRED: YES NO	
SAIC DISPOSITION: REPAIR REWORK USE AS IS REJECT	
DOCUMENTS TO BE REVISED	
<u>DOCUMENT IDENTIFICATION</u>	<u>REVISION</u>
SAIC LEAD ENGINEER: DATE:	
SAIC CHECKER: DATE:	
SAIC MANAGER OF ENGINEERING DATE:	
COMPLETED WORK REVIEWED BY: 1 DATE:	

DEFICIENCY REPORT SUPPLEMENT	
DEFICIENCY REPORT NUMBER: 1	DATE: 1
WORK ORDER NUMBER: 1	BLDG. NO. 1
DEFICIENCY DESCRIPTION (CONTINUED):	
1	
RECOMMENDED DISPOSITION (CONTINUED):	
1	
SAIC DISPOSITION (CONTINUED):	
REMARKS:	
3	

INSTRUCTIONS FOR COMPLETION OF THE DEFICIENCY REPORT FORM

- 1** To be completed by the Constructor
- 3** Can be completed by the Constructor or by SAIC